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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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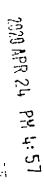




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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Prival Phones (Name of Himite	UKSTMENT OF HORIDA, 11C
The enclosed member, resignation or dissociat	on and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
JASON Picciono (Contact Person)	
Prime Propert Duvesm	ut of FLA
5762 Agrow CT	
SALASUA FU 342. (City/State and Zip Code)	32 <u> </u>
For further information concerning this matter,	please call:
(Name of Contact Person)	t (404 ) 435′ 5) 872 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t  ☐ \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department Professy InuzyTypents of Florida, LLC	tment
	iment/registration number assigned to this limited liability company is:	·
M2000	000 3130	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	10
4. I. JUHN	hereby withdraw/resign as a ame of Person Resigning)	
•	Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of iting.	of my
	1 10 Mlan	
Signature of D	ssociating Member or Resigning Manager	
	\$25.00 (Required) \$30.00 (Optional)	
commed copy.	450.00 (Optional)	